

HMIS Project Discharge Form *HOPWA*

Step 1: Basic Client Information

Please complete the following basic client information and note that all fields with an * are required fields. This information is used to close an open enrollment by performing the exit workflow. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*

First Name: * _____ Last Name: * _____
 Middle Name: _____ Suffix: _____
 Birthdate: * _____ Social Security Number: * _____

Step 2: Project Exit

Complete the project exit information and please note all fields with an * are required fields. Complete additional forms for each household member to be exited.

Exit Date: * _____

Destination: *

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Permanent Supportive Housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) <input type="checkbox"/> Psychiatric Hospital or Other Psychiatric Facility <input type="checkbox"/> Substance Abuse Treatment or Detox Center <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, Prison, Juvenile Detention Facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house) <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment or house) <input type="checkbox"/> Hotel or Motel paid for without emergency shelter voucher | <ul style="list-style-type: none"> <input type="checkbox"/> Foster Care Home or Foster Care Group Home <input type="checkbox"/> Place not meant for habitation (e.g., vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Other <input type="checkbox"/> Safe Haven <input type="checkbox"/> Rental by client, VASH Subsidy <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Rental by client, other (non-VASH) ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Deceased <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected |
|---|--|

Exit Reason:*

- | | |
|---|--|
| <input type="checkbox"/> Left for a housing opportunity before completing the program | <input type="checkbox"/> Needs could not be met by program |
| <input type="checkbox"/> Completed program | <input type="checkbox"/> Disagreement with rules/persons |
| <input type="checkbox"/> Non-payment of rent/occupancy charge | <input type="checkbox"/> Death |
| <input type="checkbox"/> Non-compliance with Program | <input type="checkbox"/> Other*
(Other Exit Reason _____) |
| <input type="checkbox"/> Criminal activity/destruction of property/violence | <input type="checkbox"/> Unknown/Disappeared |
| <input type="checkbox"/> Reached maximum time allowed by program | End Case Assignment: <input type="checkbox"/> |

Covered by Health Insurance:*

- | | | |
|--|--|--|
| <input type="checkbox"/> Yes | If Yes, Type:* | <input type="checkbox"/> Military Insurance |
| <input type="checkbox"/> No | <input type="checkbox"/> Private - COBRA | <input type="checkbox"/> Other Public |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Private – Employer | <input type="checkbox"/> State Funded (HIP or HIP 2.0) |
| <input type="checkbox"/> Client Refused | <input type="checkbox"/> Private – Individual | <input type="checkbox"/> Indian Health Service (Native American) |
| <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Medicare | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Medicaid | |
| | <input type="checkbox"/> State Children's Health Insurance Program (S-CHIP; not Medicaid or HIP) | |

Status:*

- | | | |
|--|---|--|
| <input type="checkbox"/> Active | <input type="checkbox"/> No | |
| <input type="checkbox"/> Start Date: _____ | <input type="checkbox"/> Applied; decision pending | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> End Date: _____ | <input type="checkbox"/> Applied; client not eligible | <input type="checkbox"/> Client Refused |
| | <input type="checkbox"/> Client did not apply | <input type="checkbox"/> Data Not Collected |
| | <input type="checkbox"/> Insurance type N/A for this client | |

Medical Assessment:*

Medical Assistance Type:*

- | | |
|---|---|
| <input type="checkbox"/> Receiving public HIV/AIDS medical assistance | <input type="checkbox"/> Receiving AIDS Drug Assistance Program (ADP) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If No, Reason No (if applicable):

- | | |
|---|---|
| <input type="checkbox"/> Applied; decision pending | <input type="checkbox"/> Applied; decision pending |
| <input type="checkbox"/> Applied; client not eligible | <input type="checkbox"/> Applied; client not eligible |
| <input type="checkbox"/> Client Did Not Apply | <input type="checkbox"/> Client Did Not Apply |
| <input type="checkbox"/> Insurance Type N/A for this Client | <input type="checkbox"/> Insurance Type N/A for this Client |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Client Refused | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Data Not Collected |

T-Cell (CD4) Count Available:*

- | | | | |
|--|--------|----------------|---|
| <input type="checkbox"/> Yes | Date:* | T-Cell Count:* | <input type="checkbox"/> Client Report |
| <input type="checkbox"/> No | | | <input type="checkbox"/> Medical Report |
| <input type="checkbox"/> Client Doesn't Know | | | <input type="checkbox"/> Other |
| <input type="checkbox"/> Client Refused | | | |
| <input type="checkbox"/> Data Not Collected | | | |

Viral Load Available:*

- | | | | |
|---|--------|--------------|---|
| <input type="checkbox"/> Available | Date:* | Viral Load:* | <input type="checkbox"/> Client Report |
| <input type="checkbox"/> Not Available | | | <input type="checkbox"/> Medical Report |
| <input type="checkbox"/> Undetectable | | | <input type="checkbox"/> Other |
| <input type="checkbox"/> Client Refused | | | |
| <input type="checkbox"/> Data Not Collected | | | |

<u>Barriers:*</u>	<u>Barrier Present?</u>	<u>Receiving Services/Treatment?</u>	<u>Condition Indefinite?</u>	<u>Documentation on File?</u>
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No

HMIS Barriers Assessment:*

If client reports "Alcohol Abuse, Drug Abuse and/or Mental Health" as present barriers, complete the following:

How confirmed:

- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records

Financial Assessment:* Cash Income:* ☐ Yes ☐ No

- ☐ Earned Income \$ _____
- ☐ Private Disability Insurance \$ _____
- ☐ Unemployment Insurance \$ _____
- ☐ Worker's Compensation \$ _____
- ☐ Pension From Former Job (VA Included) \$ _____
- ☐ Supplemental Security Income \$ _____
- ☐ Social Security Disability Income \$ _____
- ☐ Retirement (Social Security) \$ _____
- ☐ Alimony \$ _____
- ☐ VA Service-Connected Disability \$ _____
- ☐ VA Non Service-Connected Disability \$ _____
- ☐ TANF \$ _____
- ☐ Child Support \$ _____
- ☐ Other Income \$ _____

Non Cash Benefits:* ☐ Yes ☐ No

- ☐ Food Stamps/Money for Food on Benefits Card \$ _____
- ☐ Special Supplemental Nutrition Program (WIC)
- ☐ TANF Child Care Services
- ☐ TANF Transportation Services
- ☐ Other TANF Funded Services
- ☐ Section 8, Public Housing, Other Rental Asst. (PSH) \$ _____
- ☐ Temporary Rental Assistance (RRH) \$ _____
- ☐ Other Source

Housing Assessment at Exit:*

- ☐ Able to maintain the housing they had at project entry
- ☐ Moved to new housing unit
- ☐ Moved in with family/friends on a temporary basis
- ☐ Moved in with family/friends on a permanent basis
- ☐ Moved to a transitional or temporary housing facility or program
- ☐ Client became homeless – moving to a shelter or other place unfit for human habitation
- ☐ Client went to jail/prison
- ☐ Client died
- ☐ Client doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Subsidy Information:*

- ☐ Without a subsidy
- ☐ With the subsidy they had a project entry
- ☐ With an on-going subsidy acquired since project entry
- ☐ Only with financial assistance other than subsidy